

Filing Fee \$250.00

FOREIGN
LIMITED LIABILITY PARTNERSHIP

STATE OF MAINE

APPLICATION FOR AUTHORITY
TO DO BUSINESS

(Name of Limited Liability Partnership in Jurisdiction of Organization)

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to [31 MRSA §852.3](#), the undersigned limited liability partnership executes and delivers the following Application for Authority to do Business:

FIRST: If the real limited liability partnership name is not available, the **fictitious** name under which it proposes to apply for authority to do business in the State of Maine is (If not applicable, so indicate.)

_____.

☐ Form MLLP-5 accompanies this application.

A **fictitious name** is a name adopted by a **foreign limited liability partnership** authorized to transact business in this State because its real name is unavailable pursuant to §803-A.

SECOND: Date of organization _____ Jurisdiction of organization _____

Address of the registered or principal office, wherever located, is:

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

THIRD: The foreign limited liability partnership validly exists as a limited liability partnership under the laws of the jurisdiction of its organization. The nature of the business or purposes to be conducted or promoted in the State of Maine is

_____.

FOURTH: The name of its Registered Agent, an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine, and the address of the registered office shall be:

(name)

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

The Secretary of State of Maine is an agent upon whom service of process may be served pursuant to [§861.3](#).

FIFTH: The name and business, residence or mailing address of the contact partner is

NAME

ADDRESS

SIXTH: The date on which the foreign limited liability partnership first did, or intends to do, business in the State of Maine is _____.

SEVENTH: This application is accompanied by a certificate of existence or a document of similar import duly authenticated by the Secretary of State or other official having custody of limited liability partnership records in the state or country under whose law the foreign limited liability partnership is organized. In lieu of a certificate of existence, a copy of the foreign limited liability partnership's registration certified or stamped by the Secretary of State or other proper officer in its domestic jurisdiction is a sufficient equivalent if such an officer does not produce any other type of certificate of existence. The certificate of existence must have been made not more than 90 days prior to the delivery of this application for filing.

DATED _____

AUTHORIZED SIGNATURE(S)*

(signature)

(type or print name and capacity)

For Authorized Signature(s) on behalf of Entities

Name of Entity _____

By _____
(authorized signature) (type or print name and capacity)

Acceptance of Appointment of Registered Agent

The undersigned hereby accepts the appointment as registered agent for the above-named limited liability partnership.

REGISTERED AGENT

DATED _____

(signature)

(type or print name)

For Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature) (type or print name and capacity)

Note: If the **registered agent does not sign**, Form MLLP-18 (§854.2-A) must accompany this document.

The limited liability partnership name as used in the State of Maine must contain one of the following: "Limited Liability Partnership", "L.L.P." or "LLP" (§803-A). If the addition of these words is the **only** difference from the limited liability partnership's real name in its jurisdiction of organization, no further action is required.

*Application **MUST** be signed by at least one **authorized person** (§852.2).

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [Title 17-A, section 453](#).

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**